

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Chr</i>	<i>67814</i>	<i>5/10/00</i>
O.I.P.E. CLASSIFIER		<i>8</i>	<i>5-800</i>
FORMALITY REVIEW	<i>DMK</i>	<i>69169</i>	<i>7/1/00</i>
RESPONSE FORMALITY REVIEW			<i>12/11/00</i>

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)..... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	
Original	
1	✓ 10/10/00
2	✓ 10/10/00
3	✓ 10/10/00
4	✓ 10/10/00
5	✓ 10/10/00
6	✓ 10/10/00
7	✓ 10/10/00
8	✓ 10/10/00
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10	✓ 10/10/00
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14	✓ 10/10/00
15	✓ 10/10/00
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37	✓ 10/10/00
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41	✓ 10/10/00
42	✓ 10/10/00
43	✓ 10/10/00
44	✓ 10/10/00
45	✓ 10/10/00
46	✓ 10/10/00
47	✓ 10/10/00
48	✓ 10/10/00
49	✓ 10/10/00
50	✓ 10/10/00

Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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